



ST. CLAIR COUNTY
HEALTH DEPARTMENT

STRATEGIC PLAN
July 2012 – July 2017



Public Health
Prevent. Promote. Protect.

This Strategic Plan is dedicated to the memory of

Marie Fallon, EdD

Dr. Fallon died on May 5, 2012 after a brief illness. She was a valued consultant to this plan and a strong advocate for public health in her role as the Chief Executive Officer of the National Association of Local Boards of Health.

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EXECUTIVE SUMMARY

The health department has been engaged in planning since its inception in 1985. It is an ongoing function of public health that has been implemented throughout the agency. The Executive Director presents an annual organizational plan to the Board of Health for approval. However, there are many forces of change that are influencing the current and future practice of public health. These include the downturn in the economy, the affect of the Affordable Care Act, the increase in the prevalence of many chronic diseases and conditions such as obesity. The Public Health Accreditation Board (PHAB) has developed national standards for the accreditation of both state and local health departments. These factors necessitate the development and implementation of an organizational strategic plan that will direct the priorities of the health department for the next five years.

Under the leadership of the Board of Health President and the Executive Director, the department began “planning the plan” in the fall of 2011. A strategic planning team was assembled. Experienced consultants were identified. A strategic planning process was developed. This process included the identification of key stakeholders to provide input to the plan, a mandates analysis, the update of the department’s Mission and Values and the creation of a Vision statement. The department also conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis.

In 2011, the department completed a cycle of Mobilizing for Action through Planning and Partnership (MAPP), a comprehensive community assessment and planning process that resulted in the identification of community health improvement goals for the following five years. Local community health improvement goals were developed that align with national and state health improvement goals. The strategic planning team made the decision to link the department’s goals and objectives to these community goals in order to identify the strategies that the department will employ in order to advance the achievement of the community goals.

These community health improvement goals are:

1C. Healthy Eating

Reduce the percent of adults (age 18 and older) who consumes less than 5 servings of fruits and vegetables per day from 79.8 percent (2007 BRFSS) to 60 percent.

2C. Active Living

Reduce the percentage of adults who report doing no leisure time exercise or physical activity in the past 30 days from 24.3 percent (2009 SMART BRFSS) to 20 percent.

3C. Tobacco Prevention

Improve attendance and participant compliance of local smoking cessation programs among community support and treatment organizations by 10% annually.

4C. Infant Mortality Reduction

Reduce the infant mortality rate from 9.6 (2006) to 8.5
Reduce neonatal mortality from 4.4 to 4.0.
Reduce post neonatal mortality from 5.2 to 4.5.

5C. Suicide Prevention

Decrease the annual percentage of suicide deaths among St. Clair County residents by ten percent. The number of suicides reported in SCC in 2010 was 29. An additional 19 suicides were reported in the first six months of 2011.

6C. Violence Reduction

The number of children and family members exposed to domestic violence will be reduced to 50 percent (current national 2008 baseline is 60.6 percent)

In addition to the community health improvement goals, the department identified a number of organizational strategic issues through a review of an Organizational Capacity Self-Assessment that was conducted in 2011 as part of the application for recertification as a local health department by the Illinois Department of Public Health (IDPH) and the Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis that was completed during the strategic planning process. These organizational strategic goals are:

10. Mandated Roles

SCCHD will provide health protection and disease prevention services in accordance with Illinois standards for mandated public health services.

20. Identifying and implementing data collection tools

SCCHD will collaborate with community partners to identify and/or create tools to collect and share data, create electronic medical records for the local public health system and evaluate achievement of community health improvement goals.

30. Using social media and an enhanced website to inform and educate the public

SCCHD will use social media and an enhanced website to inform the public about public health issues as well as its programs and services.

40. Workforce Development

SCCHD will provide staff with tools that promote excellence in public health practice in order to have a responsive, well-trained and competent workforce.

50. Create a culture of Continuous Quality Improvement (CQI) at SCCHD

SCCHD will achieve ongoing program and service improvement through implementation of the Plan Do Study Act model of CQI.

After gathering input from 95 stakeholders, including community partners, the Board of Health, members of the Dr. Willard C. Scrivner Public Health Foundation, department managers and staff, the department sponsored an all-day strategic planning workgroup that was facilitated by the four consultants to this plan. The purpose of the day was to gather suggestions for health department strategies to contribute to the community health improvement goals and address organizational strategic issues.

The result of all of these efforts is this strategic plan. It is intended to be a dynamic guide for health department priorities and activities for the next five years.

INTRODUCTION

In 2011, the department completed a Mobilizing for Action through Planning and Partnership (MAPP) process that met all Illinois Project for Local Assessment of Needs (IPLAN) requirements for recertification as a local health department by the Illinois Department of Public Health (IDPH). Please refer to **Appendix A** for the St. Clair County Community Health Plan Executive Summary. The MAPP process was conducted in collaboration with the St. Clair County Health Care Commission (HCC) a strong coalition of community partners that prioritized and adopted community health improvement goals for the following five years. As a convener of the HCC and a leader in the local public health system, the department will play a key role in the development of strategies to meet the identified goals.

The department has been dealing with a downturn in the economy and the resulting erosion of funding and increasing demand for services since 2008. The state of Illinois is faced with a staggering deficit that cannot be brought under control without a combination of new revenue and reduced spending. The Affordable Care Act will present challenges to local governmental health departments if it is fully implemented, especially in the area of access to care with a growing number of uninsured and underinsured. There is also an increasing prevalence of chronic diseases, mental health issues and conditions such as childhood and adult obesity that will continue to put a strain on the health care system and call for preventive public health strategies. The public health workforce is shrinking and must continually update skills and competencies in order to meet current and future public health challenges. The Public Health Accreditation Board (PHAB) has defined performance standards for local health departments and is offering national accreditation to departments that demonstrate compliance with these standards. National and state health improvement goals have been established through the National Prevention Strategy, Healthy People 2020 and the Illinois State Health Improvement Plan.

All of the above factors necessitate the development of an organizational strategic plan in order to proactively prioritize programs and services and align resources to meet current and future demands. Strategic planning is defined as “a tool for organizing the present on the basis of the projections of the desired future. That is, a strategic plan is a roadmap to lead an organization from where it is now to where it would like to be in three to five years.” (Strategic Planning Handbook, sla.org)

The department initiated a strategic planning process in the fall of 2011. This resulting plan, approved and adopted by the Board of Health at its meeting held on July 17, 2012, is our roadmap to the future.

STRATEGIC PLANNING PROCESS

In September 2011, the department was awarded a Project Best Practice mini-grant from the Mid-America Public Health Training Center (MAPHTC) to “develop and implement an Organizational Strategic Plan that clearly defines and communicates the framework for the health department’s role in an era of austere funding, expanded need, and evolving roles of governmental public health.”

Kevin Hutchison, Executive Director, attended a Strategic Planning workshop presented by the Illinois Public Health Institute on July 12, 2011. Mr. Hutchison and Karen Kunsemiller, Special Projects Coordinator, researched strategic planning for several months in the fall of 2011.

In December 2011, a Planning Team was formed consisting of Mr. Hutchison, Ms. Kunsemiller, Dr. Jan Allen, President of the Board of Health, and Ms. Peg Maher, member of the Board of Health.

The following consultants were also enlisted to help with the process:

Fleming Fallon, Jr., MD, PhD, DrPH, Distinguished Teaching Professor, Bowling Green State University

Marie Fallon, EdD, Chief Executive Officer, National Association of Local Boards of Health

Lou Rowitz, PhD, Director, Mid-America Regional Public Health Leadership Institute

Geri Sanchez Aglipay, Public Health Projects Specialist, Mid-America Center for Public Health Practice

Planning Team meetings were held on:

December 7, 2011

January 11, 2012

March 2, 2012

March 22, 2012

March 27, 2012

March 30, 2012

May 1, 2012

Members of the Planning Team and the consultants met face-to-face and also communicated via e-mail and conference calls.

The planning process also engaged the full governing Board of Health. Existing organizational mission and values statements were reviewed and revised. An organizational vision was developed that aligned with the community health improvement vision adopted by the St. Clair County Health Care Commission, a local health care planning coalition. Formal action was taken by the governing body. The Board of Health Agenda included Strategic Planning items on:

January 17, 2012 (Introduction to Strategic Planning)

February 21, 2012 (Adopt Mission)

March 20, 2012 (Adopt Values)

April 17, 2012 (Adopt Vision)

July 17, 2012 (Approve and adopt Strategic Plan)

Community stakeholders who would contribute to the strategic planning process were identified and invited to participate. They include a cross-section of partners from local hospitals, a major Federally Qualified Health Center (FQHC), the St. Clair County Mental Health Board, the St. Clair County Office on Aging, the YMCA and East Side Health District, also located in St. Clair County. Members of the Board of Health, the Board of Directors of the Dr. Willard C. Scrivner Public Health Foundation, a not for profit organization that supports the work of the department, and department managers and staff also participated in the process.

MANDATES ANALYSIS

The Executive Director and the Senior Management Team conducted a Mandates Analysis in order to identify and communicate what requirements the department must meet. These mandates can be found in:

State Statutes

State Standards for certified Local Health Departments

State and Federal Mandated Duties of Certified Local Health Departments

County Defined Mandates

Board of Health Defined Mandates

Mandated and essential public health programs must be maintained to the maximum extent possible with available resources. Programs that are financially self-supporting will also be maintained to provide service continuity and to generate revenue to cover fixed costs such as occupancy. Accordingly, operational costs for these programs will be met first and then priority health programs will be provided.

Tier 1. Mandated Programs include required programs and services of a certified local health department as stipulated by state statutes and/or county ordinance/policy.

Tier 2. Essential Programs include programs for infectious disease prevention, high-risk maternal and child health clients, as well as those programs that address critical community health problems as identified in the Illinois Plan for the Local Assessment of Need (IPLAN).

Tier 3. Priority Programs include health screening services, health promotion programs, and disease prevention programs for various community health problems identified in the IPLAN.

(See **Appendix B** for the Mandates Analysis.)

The Planning Team elected to gather stakeholder input through a series of surveys using web-based internet tools. Survey Monkey questionnaires were sent electronically to 95 stakeholders, including department staff. They gave input on the department's Mission and Values. The Mission survey had a 43% response rate and the Values survey had an 83% response rate. Summary reports of the surveys were shared with Board of Health members who developed the statements in accordance with stakeholder input and voted to adopt them. The Board of Health developed a Vision Statement and adopted it at its April 2012 meeting. (See **Appendix C** for summaries of the Survey Monkey reports.)

ST. CLAIR COUNTY HEALTH DEPARTMENT

VISION

The St. Clair County public health system achieves health improvement through interventions that work

MISSION

Our mission is to prevent disease, promote healthy lifestyles and protect the health of the people we serve.

VALUES

Collaboration: We value our partners and recognize both our independence and interconnectedness. As a governmental public health agency, we know that our success depends on a strong, comprehensive public health system.

Competence: We strive for excellence in all that we do. We are committed to maintaining the highest standards of performance and adhere to the principles of continuous quality improvement.

Integrity: We adhere to high ethical and professional standards in our work and relationships. We are honest in our daily interactions and value honesty in others.

Respect: We treat everyone with dignity and respect.

Responsibility: We follow through on our commitments. We hold ourselves accountable and encourage the same of our partners. We are conscientious stewards of our resources.

Equity: We advocate for public health policies and programs that promote fairness, social justice, and cultural awareness.

SWOT ANALYSIS

Stakeholders also participated in a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis through a Survey Monkey questionnaire. 21% of all stakeholders responded to the survey. The department's goal is to capitalize on our strengths, take advantage of opportunities, address weaknesses and minimize threats to the extent possible.

STRENGTHS

Provides quality, integrated services that meet clients' needs
Lead agency for multiple services offered in the community
Good collaboration with community partners
Competent, compassionate, professional staff
Strong fiscal and administrative management
Board of Health and senior leadership
Management teamwork across divisions
Good reputation in the community
Established trust and credibility with stakeholders
Ongoing quest for quality
Meets the fundamental principles of assessment, assurance and policy development

WEAKNESSES

Too dependent on grant funding
Low tax levy rate
Categorical funding inhibits system thinking
Does not use social media to educate and market services
Reluctance to embrace change on the part of some staff and managers
Outdated resources: computers and phone system
Managers spending more time in direct services resulting in less time for program planning and evaluation
Decreased time for training due to budget cuts
Some salaries are too low

OPPORTUNITIES

Increase use of social media
Be the thread that connects health resources in the community
Be a centralized health information resource
Work with hospitals to expand their community benefit work
Identify health department specific services that benefit the community and can generate revenue
Pursue national accreditation
Advocate for local, state and national policies that support prevention, healthy eating, injury prevention, built environments, "green" products, etc.
Strengthen relationships with local colleges and universities
Schedule more on-site clinics
Increase the tax levy rate
Advocate for electronic medical records shared across the public health system

THREATS

Reduced revenue streams
State of Illinois fiscal crisis
Competition for qualified employees
High gas prices that affect field work
Closing landfills may reduce ability to support environmental programs
Impact of Affordable Care Act
Threats of layoffs due to reduced revenue resulting in experienced employees looking for other jobs
Other community agencies offering duplicate services
Limited resources could result in less collaboration and more competition
Lack of transportation for rural clients

ORGANIZATIONAL CAPACITY SELF-ASSESSMENT

In addition to the SWOT Analysis, organizational strategic issues were identified through a review of the Organizational Capacity Self-Assessment that was completed in August 2011 as part of the recertification process. The following issues were identified:

- 1) Implement a 5-year organizational strategic plan to refine the agency Vision, Mission, and Scope of Service to provide a clearly defined framework for the agency's role in responding to the challenges of an era of dramatically reduced funding, as well as opportunities for new roles for public health resulting from provisions of the Affordable Care Act. The plan will also address succession planning and leadership development.
- 2) Continue to realign available resources to maintain essential programs and mandatory services in response to continually declining resources.
- 3) Seek new funding sources for prevention programs and health promotion activities to offset the dramatic decline in federal and state funding. Explore the feasibility of establishing a specific position for a professional grant writer to support agency-wide fundraising.
- 4) Continue to develop the agency technologic and staffing capacity for electronic health data collection, analysis, and reporting as a basis for community health planning and agency specific service development. Areas of focus will include Electronic Medical Records, Health Information Exchanges, Social messaging, and use of Strategy Aligned Management tools to improve partnership accountability and transparency.
- 5) Encourage alignment of organizational strategic planning among member agencies of the Health Care Commission to coincide with 2011-2015 IPLAN strategic issues (i.e. Year 2020 Vision, Community Benefits work). Provide leadership for Action Teams to translate strategic goals into specific health improvement activities that are evidence-based and incorporate measures and data reporting as avenues to evaluate and define health improvement.
- 6) Develop improved methods for recognition of excellence in employee public health practice, including but not limited to, using performance standards, incentives, and employee recognition programs.
- 7) Continue to work with Laborer's Local 100 to maintain effective labor/management relations.
- 8) Continue to plan, implement and evaluate resources and tools for workforce development for needed areas including cultural competency, public health practice competencies, employee safety, and foster an agency-wide culture of Continuous Quality Improvement.
- 9) Seek additional avenues to collaborate with the Federal Qualified Healthcare Center serving St. Clair County as well as private providers to improve access to primary medical care services for the medically underserved.
- 10) Conduct a cost-benefit analysis on seeking national accreditation through the Public Health Accreditation Board as avenue of promoting quality, improving competitive position for fund raising, and for promoting excellence in public health practice.

(See **Appendix D** for the complete assessment.)

For this strategic plan, the Planning Team decided to use a two-tiered approach to developing goals and objectives:

- 1.) The plan will include health department objectives/strategies to advance the community health improvement goals identified during the MAPP process and included in the IPLAN.
- 2.) The plan will include organizational goals and objectives to address issues identified in the SWOT Analysis and the Organizational Capacity Self-Assessment.

In order to get stakeholder input on the development of goals and objectives, the Planning Team scheduled a one-day workgroup on March 23, 2012 that was facilitated by the four consultants named earlier. Invitations were sent to all community stakeholders who had the opportunity to give input prior to the workgroup. The department was represented by the Executive Director, the Senior Management Team and a manager and staff member from each of the four department divisions. Twenty-eight people participated in the workgroup and brainstormed strategies for the department to address both the community health improvement goals and the organizational strategic issues. The results of the workgroup formed the basis for the goals and objectives in this strategic plan.

(See **Appendix E** for the Workgroup Agenda.)

STRATEGIC GOALS AND OBJECTIVES

The community health improvement goals were adopted during the MAPP process and are included in the 2011 IPLAN.

COMMUNITY HEALTH IMPROVEMENT GOAL: 1C. Healthy Eating

Reduce the percent of adults (age 18 and older) who consumes less than 5 servings of fruits and vegetables per day from 79.8 percent (2007 BRFSS) to 60 percent.

Health Department strategies to meet this goal:

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
1C.1 Utilize technology to share information about healthy eating	Information posted monthly on SCCHD website	Years 1-5	Community Health
	Links to websites with additional information	Years 1-5	Administration

COMMUNITY HEALTH IMPROVEMENT GOAL: 1C. Healthy Eating (cont.)

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
1C.2 Negotiate enhanced health information in various media outlets	Monthly articles/stories that focus on health, including healthy eating and active living	Years 1-5	Administration Community Health
1C.3 Recruit a farmer to be present with produce the day coupons are distributed to WIC clients		Years 1-5	Personal Health
1C.4 Increase the rate that WIC clients redeem Farmer's Market coupons	From 37% to 45% Year 1, increasing to 60% by Year 5	Years 1-5	Personal Health

COMMUNITY HEALTH IMPROVEMENT GOAL: 2C. Active Living

Reduce the percentage of adults who report doing no leisure time exercise or physical activity in the past 30 days from 24.3 percent (2009 SMART BRFSS) to 20 percent.

Health Department strategies to meet this goal:

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
2C.1 Implement an 8-10 week workplace wellness program	30 employees complete program	Years 1-2	Community Health
2C.2 Promote exercise at SCCHD through incentives, contests, etc.	30 employees participate in sanctioned activity	Years 1-5	Community Health
2C.3 Partner with <i>Get Up & Go!</i> to advocate for built environments that promote active lifestyles	Participate in 1 community forum/year	Years 1-5	Community Health
	Support local initiatives with statistical data	Years 1-5	

COMMUNITY HEALTH IMPROVEMENT GOAL: 3C. Tobacco Prevention

Improve attendance and participant compliance of local smoking cessation programs among community support and treatment organizations by 10% annually.

Health Department strategies to meet this goal:

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
3C.1 Reduce the number of SCCHD staff who smoke	Reduce the percentage of staff who smoke by 30% by 2016	Years 1-4	Community Health
3C.2 Offer tobacco cessation support and education via social media	Policy re use of social media	Year 1	Board of Health
	Train tobacco prevention staff on use of social media	Year 2	Administration
	Post messages on social media	Years 2-5	SCC DP staff
3C.3 Increase enrollment in Illinois Quitline	Increase enrollment by 10% per year	Years 2-5	Community Health

COMMUNITY HEALTH IMPROVEMENT GOAL: 4C. Infant Mortality Reduction

Reduce the infant mortality rate from 9.6 (2006) to 8.5.
 Reduce Neonatal mortality from 4.4 to 4.0.
 Reduce Post neonatal mortality from 5.2 to 4.5.

Health Department strategies to meet this goal:

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
4C.1 Increase % of SCCHD WIC clients that initiate breastfeeding	Increase from 67% to 82%	Years 2-3	Personal Health
4C.2 Increase % of infants who are still breastfeeding at 6 months	Increase from 29% to 61%	Years 2-3	Personal Health
4C.3 Increase % of WIC clients who stop smoking during pregnancy	Increase from 50% to 70%	Years 2-3	Personal Health
4C.4 Increase percentage of WIC clients who receive primary care in their 1 st trimester of pregnancy	From 45% to 50%	Years 2-3	Personal Health
4C.5 Increase percentage of clients who receive 3 primary care visits from birth to 12 months	From 75% to 80%	Years 2-3	Personal Health
4C.6 MOU with FQHC for referrals to primary care	Referrals increase by 5% per year	Years 1-5	Personal Health

COMMUNITY HEALTH IMPROVEMENT GOAL: 5C. Suicide Prevention

Reduce the annual percentage of suicide deaths among St. Clair County residents by ten percent. The number of suicides reported in SCC in 2010 was 29. An additional 19 suicides were reported in the first six months of 2011.

Health Department strategies to meet this goal:

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
5C.1 Prenatal and post partum clients receive Edinburgh depression screening	> 90%	Years 1-5	Personal Health
5C.2 Clients referred to counseling when depression is identified	100%	Years 1-5	Personal Health
5C.3 Provide a variety of tools to clients in waiting room about community resources	Establish baseline data on utilization Increase utilization by 5% per year	Years 1-5	Personal Health

COMMUNITY HEALTH IMPROVEMENT GOAL: 6C. Violence Reduction

The number of children and family members exposed to domestic violence will be reduced to 50 percent (current national 2008 baseline is 60.6 percent)

Health Department strategies to meet this goal:

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
6C.1 Prenatal and post partum clients receive domestic violence screening	Audit representative sample of charts for case notes	Years 1-5	Personal Health
6C.2 Prenatal clients with history of domestic violence referred to TIPCM program	100%	Years 1-5	Personal Health
6C.3 Advocate for development of Cornerstone reports that track domestic violence screenings and referrals	New Cornerstone Reports	Years 1-2	Personal Health

COMMUNITY HEALTH IMPROVEMENT GOAL: 6C. Violence Reduction (cont.)

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
6C.4 Provide violence prevention and awareness education for St. Clair County employees	80% of SCC employees receive training	Years 2-5	Executive Director/County Board Chairman 708 Mental Health Board Community Health Community volunteer/Subject matter expert
6C.5 Provide handouts on violence prevention, awareness and community resources in all SCC buildings	Quarterly review	Years 2-5	County Administration Public Building Commission Community Health

Organizational Goals

In addition to strategies that contribute to the achievement of the community health goals, SCCHD identified organizational strategic issues through an organizational self assessment that was conducted in 2011 and a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis that was conducted during the strategic planning process. These issues include:

- Meeting mandated roles for public health protection and disease prevention
- Utilizing current and emerging technology to create tools for collecting data, creating electronic medical records and evaluating community health status
- Using social media and an enhanced website to educate and inform the public about public health issues and department programs and services
- Promoting excellence in the competence and capacity of the public health workforce
- Creating a culture of Continuous Quality Improvement (CQI) at the health department

ORGANIZATIONAL GOAL: 10. Mandated Roles

SCCHD will provide health protection and disease prevention services in accordance with Illinois standards for mandated public health services.

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
10.1 Continuously realign resources and identify new revenue streams in order to provide mandated services	5% increase in revenue by 2017	Years 1-5	Executive Director Division Directors
10.2 Utilize the core functions of public health to provide health protection and disease prevention services	Reduced rates of communicable diseases as reported in the statewide database Maintain an all-hazards emergency operations plan	Years 1-5	Executive Director Health Protection
10.3 Conduct annual review of compliance with standards for mandated services	Written report Corrective action plans as needed	Year 1-5	Executive Director Division Directors

ORGANIZATIONAL GOAL: 20. Identifying and implementing data collection tools

SCCHD will collaborate with community partners to identify and/or create tools to collect and share data, create electronic medical records for the local public health system and evaluate achievement of community health improvement goals

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
20.1 Assess, plan, implement and evaluate health data sharing tools/technology	By 2017 the St. Clair County public health system will have successfully implemented health data sharing	Years 1-4	Executive Director Community Health Community Partners/ Subject matter expert/consultant
20.2 Assess, plan, implement and evaluate the use of electronic medical records in the local public health system	By 2017 the St. Clair County public health system will have successfully implemented electronic medical records	Years 1-4	Executive Director Division Directors Community Partners/ Subject matter expert/consultant

ORGANIZATIONAL GOAL: 2O. Identifying and implementing data collection tools (cont.)

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
2O.3 Use data collected to evaluate achievement of community health improvement goals	Data collected aligns with goals and can be extracted to evaluate success in meeting goals	Year 5	Executive Director Community Health Community Partners

ORGANIZATIONAL GOAL: 3O. Using social media and an enhanced website to inform and educate the public

SCCHD will use social media and an enhanced website to inform the public about public health issues as well as its programs and services.

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
3O.1 Adopt a policy on the use of social media	Written and approved by Executive Director and BOH. Distributed to staff and posted on the intranet.	Year 1	SCC DP personnel Administration Executive Director and BOH
3O.2 Provide training to staff who will use social media to communicate with clients and the public	All staff designated to post on the website, Facebook or Twitter receive training on the use of social media	Year 1	Administration
3O.3 Revise and improve the department's website	Website "hits" will increase 10% the first year and every year thereafter. Information posted monthly and reviewed in a timely manner.	Years 2-5	SCC DP personnel Administration
3O.4 Create an SCCHD Facebook page	Establish baseline data first year Increase utilization by 10% every year thereafter	Years 2-5	SCC DP Personnel Administration

ORGANIZATIONAL GOAL: 30. Using social media and an enhanced website to inform and educate the public (cont.)

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
30.5 Create an SCCHD Twitter account	Establish baseline data first year Increase utilization by 10% every year thereafter	Years 2-5	SCC DP Personnel Administration
30.6 Monitor use of social media		Years 2-5	Division Directors
30.7 Evaluate effectiveness of social media tools	Utilization reports	Years 2-5	Administration

ORGANIZATIONAL GOAL: 40. Workforce Development

SCCHD will provide staff with tools that promote excellence in public health practice in order to have a responsive, well-trained and competent workforce.
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OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
40.1 Develop an enhanced orientation program that includes a module on Public Health 101	Orientation policy that outlines new employee orientation	Year 1	Administration
40.2 Incorporate core public health competencies into all SCCHD job descriptions and performance evaluations	Revised job descriptions and performance evaluations	Years 2-3	Administration Division Directors
40.3 Adopt an SCCHD policy on education and training	Written policy that establishes standards for minimum CEU's and level of SCCHD support	Year 2	Administration Division Directors
40.4 Develop and implement a leadership development program	Managers attend one course per year.	Years 2-5	Executive Director Division Directors
40.5 Develop improved methods to recognize excellence in public health practice	Revised and expanded Employee Recognition Program	Years 2-3	Executive Director Division Directors
40.6 Develop a succession process	Written and approved by the Board of Health	Year 1	Executive Director/ Board of Health Division Directors

ORGANIZATIONAL GOAL: 5O. Create a culture of Continuous Quality Improvement (CQI) at SCCHD

SCCHD will achieve ongoing program and service improvement through implementation of the Plan Do Study Act model of CQI.

OBJECTIVE	MEASURE	TIMELINE	WHO IS RESPONSIBLE
5O.1 Adopt an annual CQI Plan that addresses goals and objectives in this Strategic Plan	Action Teams Annual written report card of accomplishments	Years 2-5	Executive Director/ Division Directors CQI Committee
5O.2 Assemble Action Teams that use the Plan Do Study Act (PDSA) model to achieve stated goals	Identified in Progress Reports	Years 1-5	CQI Committee
5O.3 Provide ongoing CQI training	2 trainings per year	Years 1-5	CQI Committee
5O.4 Conduct an annual evaluation of the CQI work plan		Years 1-5	CQI Committee
5O.5 Determine if SCCHD is going to seek national accreditation	BOH Minutes	Year 1	Executive Director/Board of Health

In addition to these goals and objectives, the department will conduct an ongoing analysis of the impact of the Affordable Care Act and the State of Illinois Medicaid reform on the local public health system in order to align organizational policies and practices with the changing health care system, as well as state and national priorities. The Executive Director prepares an annual organizational plan that accounts for anticipated change and is approved by the Board of Health.

CONCLUSION

There are many factors that are currently influencing local public health practice. Many of them were identified in the introduction to this plan, including reduced funding, increased demands for services, the impact of the Affordable Care Act, an increasing prevalence of some chronic diseases and conditions such as obesity, and extremely large state and federal budget deficits.

The successful implementation of this plan will depend, in part, on available resources to address the identified goals and objectives. A continuing erosion of public health dollars will necessitate an adjustment to the plan and may jeopardize the achievement of some of the goals and objectives.

The Executive Director and Board of Health will conduct an annual review of the plan in order to monitor and document progress in meeting the stated goals and objectives. This review will be completed by May 1, commencing in 2013.

RESOURCES

Bryson, J., Alston, F. *Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations* (2nd ed.) San Francisco: Jossey-Bass, 2005.

The Community Guide: What Works to Promote Health
www.thecommunityguide.org

Healthy People 2020 - Improving the Health of Americans
www.healthypeople.gov/2020

Illinois Public Health Institute
www.iphionline.org

Illinois State Health Improvement Plan 2010
www.idph.state.il.us/ship

Mid-America Public Health Training Center
www.midamericacphp.com

National Prevention Strategy: America's Plan for Better Health and Wellness
www.healthcare.gov/center/councils/nphpphc.

Public Health Accreditation Board (PHAB)
PHAB Standards and Measures version 1.0
www.phab.org

Public Health Foundation
www.phf.org

St. Clair County Community Health Plan
www.health.co.st-clair.il.us

This Strategic Plan was adopted by the St. Clair County Board of Health on July 17, 2012

Jan Allen, R.N., Ph.D.
President, St. Clair County Board of Health

Kevin D. Hutchison, R.N., M.S, M.P.H.
Executive Director, St. Clair County Health Department

Reviewed and evaluated:

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ST. CLAIR COUNTY COMMUNITY HEALTH PLAN 2011 MAPP Assessment and Planning Process Adopted 8/16/2011

EXECUTIVE SUMMARY

In the spring of 2010, the St. Clair County Health Department and other members of the County Health Commission initiated a community health assessment and planning process in accordance with the State of Illinois' IPLAN requirements (Illinois Project for Local Assessment of Needs). The essential elements of IPLAN are:

- An organizational capacity assessment;
- A community health needs assessment; and
- A community health plan, focusing on a minimum of three priority health Problems

The National Association of County and City Health Officials, MAPP: Mobilizing for Action through Planning and Partnership (MAPP) model was selected as the most effective approach to addressing the essential elements of IPLAN as well as fulfilling the Commission's goal to collaboratively improve the health of the citizens of St. Clair County. The MAPP process encompasses a Community Health Assessment and Community Health Intervention Plan that is in accordance with the applicable requirements of the Illinois Department of Public Health (Title LXXVII, Public Health, Chapter I, Department of Public Health, Subchapter H, Local Health Departments, Part 600, Certified Local Health Department Code). The MAPP health assessment and intervention model involves a community-driven process implemented in six phases.

MAPP was first utilized in the development of the

County's 2006-10 Community Health Plan which addressed seven priority health issues. MAPP was once again selected as the model approach for this five-year process because it is more intensive and inclusive than other approaches. It requires a high level of participation from community organizations and residents and utilizes a variety of methods to identify community health trends, gaps in care, local assets and – most importantly – develop and implement a plan that successfully addresses community health needs. MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.

The 2011-2016 St. Clair County Community Health Plan was accomplished with direct contribution from over 70 individuals representing more than 50 different agencies from across the county. We also incorporated the voice of more than 1,600 community residents through surveys and community meetings. The year-long process progressed as follows:

- Community "Quality of Life" surveys were made available online and administered on paper.
- Performed an analysis of the health status of the community based on recommendations by the Illinois Department of Public Health and the Illinois Public Health Institute.
- Convened meetings with community partners to conduct the local health systems assessment based on the 10 essential health services.
- Completed the "Force of Change" assessment.

- Convened a partnership forum to present assessment findings and prioritize issues.
- Conducted “Action Team” workshops to develop community health plans with measureable goals and objectives.

The four priority health issues identified through this process include

1. Risk Factor Prevention for Chronic Diseases

- Obesity
- Active Living/Healthy Eating
- Tobacco Prevention
- Other Environmental Factors (Air Quality, Green Space, etc.)

2. Maternal & Child Health

- Infant Mortality
- Teen Pregnancy
- STD/HIV Prevention

3. Behavioral Health

- Suicide
- Substance Abuse

4. Violence Prevention & Safety

The 2011-16 MAPP process brought many improvements over the 2006-10 process, including a renewed vision for health, dynamic partnerships and the use of innovative tools for multiorganizational strategic alignment. The four MAPP assessments revealed the tremendous assets and potential within the communities of St. Clair County to improve health outcomes for these conditions. It also reminded the members of the Commission that there remain many needs and barriers that we must collectively address in the next five years.

Our local efforts to create healthy communities and a better quality of life, to strengthen the overall system of health within the community, to anticipate and manage change, and to encourage community engagement must place a strong emphasis on **community ownership** of the process. If we are to realize a bold vision for health, we must also place a priority on continually **developing community connectedness and capacity** in the identification and response to community health

problems and goals. The evidence of our past practices and the collective experience of our current stakeholders suggest the potential for fulfilling these aims. Furthermore, by aligning the existing strategies and efforts of all stakeholders over the next five years, the Health Care Commission will continue to fulfill its mission to mobilize resources to meet identified needs and promote the health and well-being of all the residents of St. Clair County.

ST. CLAIR COUNTY HEALTH DEPARTMENT LEGAL AUTHORITY, DUTIES, STATUTORY REQUIREMENTS

Summary Report of Mandated Responsibilities February, 2012

Compiled by Kevin D. Hutchison, Executive Director

ST. CLAIR COUNTY HEALTH DEPARTMENT LEGAL AUTHORITY, DUTIES, STATUTORY REQUIREMENTS

Overview

The St. Clair County Board of Health was established by County Ordinance in October of 1985 in accordance with the State of Illinois statutes delineating powers and duties of Counties. Further, the County Board ordinance defined the Board of Health's responsibilities for Tuberculosis Control for the entire County, but established that the principle function of the Board was to serve 18 townships. The remaining 4 townships are served by the East Side Health District. (see appendix A)

Powers and Duties

Illinois statutes define duties, standards, and roles of County Boards of Health. Further, the Illinois Department of Public Health is granted broad powers and responsibilities and may delegate Department duties and responsibilities to local health departments. (see appendix B)

State Standards for Certified Local Health Departments

Illinois Department of Public Health rules and regulations set forth specific requirements for local health department leadership and standards for activities and services that must be met to be meet Certification status. Certified local health departments are then subject to IDPH delegation of specific duties and mandated functions pursuant to various state statutes enacted by the General Assembly. (see appendix C)

State and Federal Mandated Duties of Certified Local Health Departments

State and federal laws, rules and regulation govern many functions of local health departments and convey federal and state authority, powers, and duties to local boards of health. Mandated functions primarily focus on communicable disease control, immunizations requirements, food safety, safe drinking water, environmental protection, and public health emergency preparedness and response. (see appendix D, and E)

County Defined Mandates

County Board ordinances govern unique roles and responsibilities of the St. Clair County Health Department. These mandates are based upon local decisions and policies in accordance with community health needs, available public funding, and scope of local government policies. As a unit of county government, the Board of Health is governed by St. Clair County Code of Ordinances that define finance and administrative practices as well as roles in environmental protection, local emergency preparedness, and enforcement of public health components of various county ordinances such as land use, animal control, zoning, and solid waste management. (see appendix F)

Board of Health Defined Mandates

The Board of Health carries out its state and local statutory responsibilities through ongoing oversight of day to day operations of the health department. Decisions on scope of services, program policies, allocation of local property tax and fees are performed within the purview of the Board of Health, subject to approval of the County Board through appointment of the Board of Health members and approval of the health department budget. The Board is empowered to seek out additional grant funding and recommend collection of fees to support programs and services that are needed in the

community. Priority programs are established by the Board of Health and are reviewed on an ongoing basis. Priority programs include various state and federal grants, each with specific mandated rules and regulations governing. (see appendix G and H)

APPENDIX

- A. County Board Ordinance 198-85-O
- B. State of Illinois Statutes Governing County Boards of Health
- C. Illinois Administrative Code for Certified Local Health Departments
- D. Summary of Mandates for Health Protection and Environmental Health
- E. Summary of Mandates for Immunization, Infectious Disease, Reporting, and Records
- F. Summary of St. Clair County Code Pertaining to Public Health
- G. Board of Health Prioritization of Programs and Services
- H. Example of State and Federal Requirements for Priority Discretionary Services

SURVEY MONKEY REPORTS

St. Clair County Health Department Strategic Planning

Survey Monkey – Mission Statements

Summary of Results

Prepared by Karen Kunsemiller

February 21, 2012

1. The Mission of the St. Clair County Health Department is to promote and protect the health of the residents of St. Clair County in partnership with the people we serve.

45.5 % (1)

54.5% (2)

8 skipped the question

2. The mission of the St. Clair County Health Department is to prevent disease, promote healthy lifestyles and protect the environment in partnership with the people we serve in order to improve the overall health of the community.

65.8% (1)

34.2% (2)

3 skipped the question

COMMENTS:

Promote and inform should be the key parts. We can't totally prevent anything but we can provide the "tools" to the public to help them better themselves.

I always liked the IOM definition of public health & perhaps a snippet of this could be incorporated. Create the conditions in which people can be healthy. St. Clair County Health Department's mission is to work in partnership with the people of St. Clair County to create conditions where all people can enjoy the best health possible, by promoting healthy lifestyles, preventing disease, and protecting the environment. This may be no better – just a thought.

Promote safe, healthy lifestyles.

I prefer the first because it seems clearer and not so wordy i.e in the 2nd “in order to improve the overall health of the community” seems just too wordy.

Instead of “the overall health of the community” – “the overall health of the county,” if you are going to use this statement. The community I think refers more to Belleville, (As the Health Dept; is in Belleville), and I think that those reading it could misinterpret this statement as only Belleville. I’m sure you are talking about the whole county. Even though “the community” sounds much more in vogue, I think that you have to remember you are serving the entire county. ... Maybe you could put something like “the overall health of the St. Clair County community.”

The mission of the St. Clair County Health Department is to prevent disease, promote healthy lifestyles and protect the environment A mission statement should be short and memorable - I think that you can incorporate the "in partnership with the people we serve, etc." into a VISION Statement.

"is to prevent disease" - is that possible? How about "to teach disease prevention" or "to help to prevent disease" - I know that the sentence goes on to say in partnership with the people we serve - but my first reaction is that the SCCHD can stop disease.....if only. Mission Statements are difficult when only one person designs them - please understand that I like this statement, but first read made me feel that we were making a statement that wasn't possible. I love that you addressed the "health of the community". Thank you for listening.

I think shorter is better as people can remember it better. If it gets too wordy, people just skim over it and don't really care.

I like the 2nd one, with incorporation of the prevent, promote and protect I cannot get the circles to take my cursor clicks - so that same problem exists for me. Hopefully others will not have that issue.

The mission of the St. Clair County Health Department is to improve the overall health of the community we serve by preventing disease, promoting healthy lifestyles and protecting the environment. NOTE: The phrase "in partnership with those we serve" is a "How" rather than a "What"

delete "in partnership with the people we serve"

St. Clair County Health Department
Strategic Planning
Survey Monkey – Values Statements
Summary of Results
Prepared by Karen Kunsemiller
March 5, 2012

79 of 95 responded
83% response rate

1. **Collaboration not competition:** We value our partners. We reach out to diverse groups and key stakeholders. We know that our success depends on a strong, comprehensive public health system.

Yes	88%
No	2.7%
Undecided	9.3%

2. **Competence:** We strive for excellence in all that we do. We are committed to maintaining the highest standards of performance by continuously looking for creative solutions to problems and innovative ways to do things more effectively and efficiently.

Yes	92.3%
No	1.3%
Undecided	9.3%

3. **Integrity:** We adhere to high ethical and professional standards in our work and relationships. We are honest in our interactions and conscientious stewards of our resources.

Yes	89.6%
No	5.2%
Undecided	5.2%

4. **Respect:** We treat everyone with respect and courtesy

Yes	84.2%
No	9.2%
Undecided	6.6%

5. **Responsibility:** We follow through on our commitments. We hold ourselves and others accountable for results.

Yes	77.6%
No	9.2%
Undecided	13.2%

6. **Trust:** We foster an atmosphere of trust by modeling consistent and professional behaviors and valuing them in others.

Yes	76.6%
No	9.1%
Undecided	14.3%

7. **Equity:** We foster policies and programs that promote fairness, social justice, equity and cultural competence.

Yes	81.8%
No	6.5%
Undecided	11.7%

COMMENTS

Each and every one of the above values is vital for the successful operation of our St. Clair County Health Department for the benefit of its citizens.

6 seems like it could be combined with # 3, Also, we need a value statement that references that we acknowledge the importance and acceptance of partnerships that answer the WIIFM (what's in it for me) questions. Self interest various partners is important and must be accomodated if we are to have authentic partnerships. Another concept that warrants a value statement is a reference to the role and responsibilities of local governmental public health as one component of the local public health system.

Under responsibility - We hold ourselves and others accountable. Cancel results. There are a lot of things that we are accountable for other than results.

Instead of "Collaboration not competition," why not simply say "Collaboration." It will better parallel the other single word values and it seems unnecessary to include a value and its opposite in the same statement. Consider changing the definition of Respect to "we treat everyone with dignity and courtesy." On the value Responsibility, can we really hold others to be accountable for results? Perhaps we should change this to "We hold ourselves to be accountable for results and encourage the same of our partners." The value Trust seems redundant, isn't it already implied in the definition of Integrity? In the value Equity, consider removing the word "equity" from the definition since you shouldn't define a word with the word itself. Also consider changing the term "cultural competency" to "cultural awareness." Competence is already listed as a value. Finally, there is no value that states our commitment to environmental stewardship. It should be stated directly, or at least indirectly added to the definition of another value (like Respect, Responsibility or Equity)

I think the Mission Statement is very good. I've always learned that a mission statement should be short and to the point. It should say, in as few words as possible, what the focus of a company is. I think this one does that very well. Good job.

I think #1 should just be Collaboration. I guess you could also call these Guiding Principles vs. Values. . .??

Seems like a few are redundant and could be combined. Things that are too long people don't really pay attention to anyway.

Follow thru - need to bring assessments full circle (ie MAPP or Public Health/IEMA hazard assessments) where we were, what we did about it and what is the plan to continue to fill in the gaps Equity - need to ensure we foster programs that offer the most needed services for our citizens

These are all great values. However, I think we need to concentrate on just 3-4 values that are most important to the Health Department

I believe that overall, our Health Dept strives for ways to make changes to do things more efficiently, but more often than not, the suggested and needed changes do not get made because what's done now is comfortable! No follow through.... No thinking outside the box! We hold ourselves accountable to higher standards, but we do not hold the clients accountable for their actions. I know we are here to serve, but part of public service is helping others achieve the ability and responsibility to be the best they can be. Also, in some areas of health department, employees are not held accountable and have become so used to having absolutely no consequences that they are rude to clients, fellow employees and managers. Any other place in the workforce, this would be considered insubordination. Middle management says their hands are tied by upper management. If someone is made management, then they should be have the (competency) to run their group with minimal interference. I strongly believe that all of these values, should be placed into our values statements, but if we are going to place these as our values, then we need to practice them and reinforce them for all. Employees and clients alike, regardless of race, position or sex.

My undecided responses reflect my questions about definitions not the values themselves. #1: "not competition" might be questionable, for example in competitive grant applications plus isn't it stronger to state value in positive terms without the negative qualifier. #2: I'd consider ending sentence after "performance". Perhaps adding another value to reflect creativity and innovation might be considered. #6: Perhaps ending sentence after "behavior"; not sure "valuing them in others" strengthens the value of Trust.

#4. I would use 'Dignity & Respect' rather than respect and courtesy.

They are all good statements but I think 8 is too many so 4 voted for are my top ones.

Internally I feel we are very competent, professional, and serve our citizens to the highest standards possible. Where we are somewhat weak is our follow thru with our health assessments....how did we meet the priority health needs we identified 5-6 yrs ago that were identified in our MAPP process...how does the new MAPP relate/build/change from the older version.

HI, None of the circled options worked, but please reflect that my responses are Yes for all 7 items. Thank you!

**St. Clair County Health Department
Strategic Planning
Summary of SWOT Analysis
Prepared by Karen M. Kunsemiller, Special Projects Coordinator
March 19, 2012**

Response rate 21%: 20/95

WHAT ARE THE INTERNAL STRENGTHS OF THE ST. CLAIR COUNTY HEALTH DEPARTMENT?

- Provides quality, integrated services that meet clients' needs
- Good collaboration with community partners
- Staff:
 - caring and compassionate
 - competent and professional
 - teamwork
 - commitment
 - low turnover rate
 - pulls together to respond to emerging needs
- Experienced, competent and stable senior staff
- Good reputation in the community
- Board of Health leadership
- Strong fiscal and administrative management
- Established trust and credibility with stakeholders
- Resolve to move forward
- Quest for quality
- Scrivner Foundation and County Board support
- Good location
- Meets the fundamental principles of public health practice: assessment, assurance and policy development
- Lead agency role for diverse services offered in the community: HIV/AIDS, and Breast and Cervical Cancer
- Preparing for national accreditation
- Child friendly lobby

WHAT ARE THE INTERNAL WEAKNESSES OF THE ST. CLAIR COUNTY HEALTH DEPARTMENT?

- Grant constrictions inhibit what can be done
- Insecure staff due to budget cuts
- Reluctance to embrace change on the part of some staff and managers: "We've always done it this way" syndrome
- Too many directors and managers
- Some poor performing employees
- Outdated resources: computers and phone system
- Categorical funding inhibits system thinking
- Too dependent on grant funding

- Staff required to do more with less: negative impact on morale and grant performance
- Some salaries are too low
- Little upward mobility
- Limited web access
- Some work spaces too small
- Some favoritism issues regarding time management
- Does not use social media to communicate and market services
- Lack of political support?
- Managers spending more time in direct services resulting in less time for program planning and evaluation
- Decreased time for training due to budget cuts
- Clients and staff are more stressed: Need for customer service training
- Low tax levy rate
- Poor signage: People do not know where we are located
- Staff doesn't always work in harmony to get the job done
- Occasional breakdown in communication

WHAT ARE THE EXTERNAL OPPORTUNITIES FOR THE ST. CLAIR COUNTY HEALTH DEPARTMENT?

- Increase social marketing to inform public about services. Use Twitter and Facebook
- Be a proponent of good health and a resource for improved health and wellness in the community
- Be the thread that connects health resources in the community
- Be a centralized community health information resource
- Identify new revenue sources
- Identify health department specific services that can benefit the community and generate revenue
- Work with hospitals to expand their community benefit work
- Advocate for local, state and national policies that support prevention, healthy eating, injury prevention, built environments, "green" products, etc.
- Pursue national accreditation
- Strengthen relationships with local colleges and universities
- Schedule more on-site clinics; Reduce the need to get client information from multiple providers
- Strengthen role as leader of local public health system in order to increase collaboration
- Increase the tax levy rate

WHAT ARE THE EXTERNAL THREATS TO THE ST. CLAIR COUNTY HEALTH DEPARTMENT?

- Reduced revenue streams
- Local and national economy
- State of Illinois fiscal crisis
- High gas prices that affect field work
- Affordable Care Act
- Competition for qualified employees
- Closing landfills may reduce ability to support environmental programs
- Threats of layoffs due to funding issues resulting in experienced employees looking for other jobs
- Other community agencies offering duplicate services

- Limited resources could result in less collaboration and more competition
- Conservative county makes it difficult to educate community to the fullest extent possible
- No transportation services for rural clients



ST. CLAIR COUNTY BOARD OF HEALTH

19 Public Square, Suite 150, Belleville, Illinois 62220-1624
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MEMORANDUM

To: Board of Health
From: Kevin D. Hutchison
Date: August 16, 2011
Subject: Organizational Capacity Self-Assessment
Administrative Action Plan 2011

In accordance with the Illinois Administrative Code 600, Certified Local Health Department Code, please find enclosed a Summary Report of a review of our Department's organizational capacity in eleven (11) areas included in the IDPH code. Based upon this review, the following capacity areas need continued development and are recommended to be addressed by the Board of Health and administrative staff in the coming year(s):

- 1.) Implement a 5-year organizational strategic plan to refine the agency Vision, Mission, and Scope of Service to provide a clearly defined framework for the agency's role responding to the challenges of an era of dramatically reduced funding, as well as opportunities for new roles for public health resulting from provisions of the Affordable Care Act. The plan will also address succession planning and leadership development.
- 2.) Continue to realign available resources to maintain essential programs and mandatory services in response to continually declining resources.
- 3.) Seek new funding sources for prevention programs and health promotion activities to offset the dramatic decline in federal and state funding. Explore feasibility of establishing a specific position for a professional grant writer to support agency-wide fundraising.
- 4.) Continue to develop the agency technologic and staffing capacity for electronic health data collection, analysis, and reporting as a basis for community health planning and agency specific service development. Areas of focus will include Electronic Medical Records, Health Information Exchanges, Social messaging, and use of Strategy Aligned Management tools to improve partnership accountability and transparency.

Kevin D. Hutchison, R.N., M.S., M.P.H.
Executive Director
St. Clair County Health Dept.

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- 5.) Encourage alignment of organizational strategic planning among member agencies of the Health Care Commission to coincide with 2011-2015 IPLAN strategic issues (i.e., Year 2020 Vision, Community Benefits work). Provide leadership for Action Teams to translate strategic goals into specific health improvement activities that are evidence-based and incorporate measures and data reporting as avenues to evaluate and define health improvement.
- 6.) Develop improved methods for recognition of excellence in employee public health practice, including but not limited to, using performance standards, incentives, and employee recognition programs.
- 7.) Continue to work with Laborer's Local 100 to maintain effective labor/management relations.
- 8.) Continue to plan, implement and evaluate resources and tools for workforce development for needed areas including cultural competency, public health practice competencies, employee safety, and foster an agency-wide culture of Continuous Quality Improvement.
- 9.) Seek additional avenues to collaborate with the Federal Qualified Healthcare Center serving St. Clair County as well as private providers to improve access to primary medical care services for the medically underserved.
- 10.) Conduct a cost-benefit analysis on seeking national accreditation through the Public Health Accreditation Board as avenue of promoting quality, improving competitive position for fund raising, and for promoting excellence in public health practice.

Additional organizational capacity needs will be addressed by administrative staff based upon an ongoing review of the organization's ability to meet emerging public health needs.

Thank you.

ST. CLAIR COUNTY HEALTH DEPARTMENT
2011 ORGANIZATIONAL CAPACITY SELF-ASSESSMENT

SUMMARY REPORT

INTRODUCTION

In accordance with the Illinois Administrative Code 600, Certified Local Health Department Code, the Department has completed a review of our Organizational Capacity Assessment. The assessment is a self-evaluation of our Department for the purpose of defining strengths and weaknesses and is to be used as the basis for implementing measures to improve our ability to provide public health services. This assessment addresses the following categories: legal authority and counsel, intergovernmental relations; constituency development and education; agency mission and role; data analysis, planning, evaluation, and assurance; public policy issues and implementation; budget development and administration; reporting and auditing; personnel administration and staff development; organizational structure and shared resources; and management information systems.

LEGAL AUTHORITY AND COUNSEL

- The County Board has appointed qualified individuals to the Board of Health as set forth in state public health statutes.
- The Board retains a qualified Public Health Administrator and Medical Advisor as required in state public health statutes.
- Local ordinances are in place to provide legal authority for the Health Department to carry out core population-based public health programs as required by the Illinois Department of Public Health.
- The Health Department exercises authority for infectious disease control and investigation within the delegated parameters of state and federal statutes and regulations.
- The Health Department is a delegated agent of the Illinois Environmental Protection Agency for Solid Waste Management Act enforcement.
- Legal enforcement of County ordinances, public health regulations and specific provisions of the Illinois Environmental Protection Act is conducted through direct assistance of the State's Attorney Office.
- The Board of Health Attorney provides legal counsel and advice as needed on administrative practices and non-enforcement related legal matters.
- The County Board and Board of Health have authorized the Health Department to participate in the Illinois Public Health Mutual Aid System.

INTEGOVERNMENTAL RELATIONS

- The Health Department has a collaborative working relationship with East Side Health District including contractual arrangements for selected services and has coordinated county-wide Public Health Emergency Plans.
- The Health Department has a close working relationship with the County Emergency Management Agency, law enforcement, fire and emergency medical services, Scott Air Force Base, and local schools and colleges for emergency preparedness coordination.
- The Health Department actively participates in regional public health preparedness planning through the St. Louis Area Regional Response System (STARRS), a committee of the East-West Gateway Council of Governments.
- The Health Department has a formal and productive working relationship with the City of St. Louis for HIV services for Illinois clients in the St. Louis eligible metropolitan area.
- The Health Department has service agreements with the Illinois Department of Human Services, Illinois Environmental Protection Agency and the Illinois Department of Public Health.
- The Health Department Executive Director has been appointed to a third term on the Illinois State Board of Health as the local health department representative. He also was appointed to the State Health Improvement Plan Implementation Council and represents the Department on the Public Health Institute Steering Committee.
- Senior staff have appointments to numerous state agency program, policy, and advisory committees in areas including private sewage disposal, maternal and child health, community health improvement, youth coalition, asthma prevention, violence prevention, and infectious disease control.
- Board members serve on various state and national agency committees and task forces including the Illinois Association of Local Boards of Health, National Association of Local Boards of Health, and Illinois Public Health Association.

CONSTITUENCY DEVELOPMENT AND EDUCATION

- The Health Department has a system that actively involves health consumers, community agencies, businesses, health providers, and other governmental agencies in planning, delivery and evaluation of public health services. Included in this system are:
 - a) St. Clair County Health Care Commission
 - b) Women's Health Advisory Committee
 - c) Bi-state HIV Care Consortium
 - d) EPA Enforcement Decision Group
 - e) Willard C. Scrivner M.D. Public Health Foundation Board of Directors

- f) St. Clair County Medical Society
- g) St. Clair County Youth Coalition
- h) Hospital Community Benefit Committee
- i) Regional Office of Education
- j) Priority Health Community Action Teams
- k) St. Clair County Office on Aging
- The Health Department has numerous linkage and referral agreements with community agencies/ health care providers
- The Health Department regularly provides health information to the public through a website and through news information provided to the media
- The Health Department has an established program for student interns in Departmental programs.
- The Department partners with the Illinois Public Health Association to give public health work experience to AmeriCorps members assigned to the Department

AGENCY MISSION AND ROLE

- The Health Department has a defined mission statement and guiding principles for service delivery.
- The Health Department has an established leadership role in a community health assessment and planning process via the St. Clair County Health Care Commission.
- The functions and duties of the Health Department in responding to public health emergencies has expanded in response to bioterrorism, pandemic flu, and other emerging natural and man-made threats.
- The Health Department role in population-based health quality improvement, health policy development, and surveillance has expanded in response to provisions of the Affordable Care Act, Health Information Exchanges, Public Health Accreditation Board, and other state and national health policies.

DATA ANALYSIS, PLANNING, EVALUATION, AND ASSURANCE

- The Health Department maintains a database of existing health events and community resources through various avenues including local data collection, data sharing with local partners, and access to state and federal databases.
- The Health Department receives reports on communicable diseases in the community on a daily basis.
- The Health Department participates in a bi-state regional electronic syndrome surveillance system that tracks the incidence of selected illness symptoms in patients seen in area emergency rooms and ambulatory clinics.

- The Health Department is partnering with local hospitals, IDPH and the CDC in vaccine preventable disease surveillance and reporting system using the Illinois National Electronic Disease Surveillance System (INEDSS) system.
- The Health Department shares resources and coordinates training and services delivery with East Side Health District on an ongoing basis.
- The Health Department collaborates with Southern Illinois Healthcare Foundation (federally qualified health care center) for STD, MCH, HIV and other personal health services.
- The Health Department has an established method for development of in-kind and cash contributions for priority public health programs via the Williard C. Scrivner M.D. Public Health Foundation.
- The Health Department has administrative staff with extensive education and experience in planning and evaluation using the MAPP model. The Health Department reviews and revises health programs based upon evaluation of service outcomes and evolving community health needs.
- The Health Department has launched a process of establishing a CQI culture throughout the agency.
- The Board of Health actively advocates on behalf of the Health Department for allocation of resources as well as for policy development to meet needs identified in the community health plan.
- Resources have been deployed for public health preparedness planning using the all hazards approach as well as specific planning for bioterrorism and pandemic flu.

PUBLIC POLICY ISSUES AND IMPLEMENTATION

- The Board of Health obtains information from various community and professional health groups and from the Health Department regarding public health issues affecting the public health.
- The Board of Health and the administrative staff evaluate the impact of public policy on specific health problems. Of particular importance is the impact of the national recession, declining public health workforce, and subsequent redirection of limited resources and staffing, including but not limited to, the reductions in federal and state funding for prevention programs.
- The Board of Health advocates changes in public policy to address health problems in the community.
- The Board of Health collaborates with the County Board for public policy development. Key issues include:
 - a) Access to primary care and prevention services
 - b) Pollution Prevention Initiatives
 - c) Ground Water Protection
 - d) Greenspace Conservation
 - e) Built Environments to Promote Healthy Living

- f) Access to Healthy Foods
- g) Behavioral Health, Depression and Suicide Prevention
- h) Community Safety and Violence Prevention
- i) Maternal and Child Health, Teenage Pregnancy and STD Prevention

BUDGET DEVELOPMENT AND IMPLEMENTATION

- A Department budget reflecting priority health services is adopted annually by the Board of Health.
- The Health Department continues efforts to maintain an operating cash balance of sufficient amount to sustain operations despite prolonged delays in payment from state agencies.
- Extensive austerity measures put in place 3 years ago are being continued in response to the sustained national recession and resulting decrease in local, state, and federal funding for essential public health services.
- The Health Department has a financial management capacity to secure and allocate funds from multiple funding sources.

REPORTING AND AUDITING

- Administrative staff and the Board of Health routinely review the financial position of the Health Department.
- Financial transactions are made in accordance with the approved budget and an audit trail of all expenditures is documented.
- The Health Department has an independent, outside annual financial and performance audit.
- The Health Department has revised all of its fiscal systems and is now fully integrated with the St. Clair County system and the Auditor's Office.
- Improved technology is being used to manage and monitor cash receivables and electronic claims processing.

PERSONNEL ADMINISTRATION AND STAFF DEVELOPMENT

- Job descriptions exist for each position and are reviewed annually.
- Personnel policies and procedures are established and reviewed on a periodic basis.
- An effective working relationship has been established and maintained with the labor union representing Department professional staff.
- The Department performance appraisal system is in place. A performance incentive/recognition program is being revised.

- The Health Department routinely provides opportunities for staff development through inservice education and outside training programs. Staff input through the Training Committee guides development of training goals, objectives and evaluation methods. On- line continuing education courses and webinars are used to improve accessibility and reduce training related expenses.
- The Department has a monthly training calendar for all staff that includes such topics as HIPAA compliance, emergency preparedness, and safety.
- A cultural competency workgroup has been convened and is developing an awareness and training program to improve the cultural sensitivity and competency in public health practice.
- A Continuous Quality Improvement Team has been established to provide staff input on the Health Department's Quality Improvement Policy and Plan.

ORGANIZATIONAL STRUCTURE AND SHARED RESOURCES

- The Board of Health and the County Board authorizes all operating programs.
- The Department administrative staff regularly reviews the role of the Department and scope of services in response to emerging community needs and changing public policies.
- The Department organizational structure and staffing plans are structured to provide capacity to respond to public health emergencies.
- Senior management staff roles are aligned to maximize service effectiveness and strengthen the agency capacity to deliver core health protection services. Middle management and staff assignments are realigned as necessary to maximize service effectiveness and efficiency in response to reduced services and declining revenue.
- Extensive linkage agreements and contractual relationships between the Health Department and various community-based organizations and health agencies are in place for the delivery of public health services.

MANAGEMENT INFORMATION SYSTEMS

- The Health Department has a local area network microcomputer system. All staff has direct access to electronic information management systems.
- County Data Processing department provides network administration support and assures compliance with all federal, state, and county security, privacy and confidentiality standards
- The Health Department is linked to various state agency-wide area networks utilized for patient service documentation, establishing service eligibility, service tracking and cost reporting activities.
- The Department utilizes the County as an avenue for public information on Department services as well as for issuing public health emergency information and education.

- The Department assisted the County in conversion to a new financial accounting software platform and is fully integrated with County auditor and treasurer electronic information systems.
- The Health Department is participating in the development of meaningful use of electronic medical records for public health and policies and practices for Health Information Exchanges to access population-based health status data.
- The Health Department is leading collaborative efforts to use health data reporting and outcome tracking systems to promote strategic alignment and methods for measuring health improvement.

KDH August 9, 2011

ST. CLAIR COUNTY HEALTH DEPARTMENT

STRATEGIC PLANNING WORKGROUP

March 23, 2012

The Shrine of Our Lady of the Snows

AGENDA

- 8:30 Registration (Beverage Service)
- 8:45 Welcome and Introductions
- 9:00 Call to Order
Summary and review of Strategic Planning Activities to date
Outline goals for the day
- 9:30 Introduction to writing organizational strategic goals and objectives.
- 10:00 Break
- 10:15 Small group exercise 1:
Develop strategic goals and objectives for SCCHD that align with community health priorities
- 11:45 Lunch (Provided by the Dr. Willard C. Scrivner Public Health Foundation)
- 12:30 Small group exercise 2:
Develop strategic goals and objectives for SCCHD that address issues identified in the organizational capacity self-assessment and SWOT analysis
- 1:45 Group reports and closing remarks
- 2:30 Adjourn